

FIRE BACKFLOW DEVICE TEST REPORT

City of Wylie PWS Identification Number: 0430011 300 Country Club, Bldg 100, Wylie, TX 75098

Location Device Installed:	Permit Number:		
•	assembly detailed below to be operated within accept	has been tested and maintain able parameters.	ed as required by TNRCC
This form is for testing of I	Reduced Pressure Principal Z	one Assembly only. (RPZ)	
A Fire Backflow Device te	st Report must be submitted p	per device to be tested.	
Manufacturer:		Size:	
Model Number:	Located at:		
Serial Number:			
s the assembly installed i		rer recommendations and/or loca	
	Reduced Fressure Finiciple Assembly		
	First Check	Second Check	Relief Valve
Initial Test	Held atpsid	Held atpsid	Opened atpsid
	Closed Tight ─ Leaked ─	Closed Tight □ Leaked □	Did not Open □
Repairs & Materials Used			
Test after Repair	Held atpsid Closed Tight	Held atpsid Closed Tight	Opened atpsid
st Gauge used: Make/Model		N:Calibration	n Date:
emarks:			
e above tested device meets	s all testing requirements mandat	ted by the TNRCC: Yes	No
gnature of Certified Fire Backf	low Tester F	Printed Name of Certified Fire Backflow	v Tester Date

The above information is certified as true.

Fire Backflow Tester License Number

Fire Sprinkler Company Name

Phone Number